UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURTIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** I IMITED OFFFDING EXEMPTION

OMB APPROVAL

OMB Number 3235-0076 Expires: May 31, 2005

Estimated average burden hours per response ... 16.00



	UNIFORM EMITED OFFE	MING EXEMIT TION	06039658
Name of Offering (check if this is an amendment and name l	nas changed, and indicate ch	ange.)
Filing Under (Check box(es)	that apply):	le 505 🛛 Rule 506 🔲 🛣	Section 467 MED ULOF
Type of Filing: New Fili	ing Amendment	Ţ	
	A. BASIC IDEN	NTIFICATION DATA	2 JUN 1 10
1. Enter the information requ	rested about the issuer		5 2006
Name of Issuer (☐ check if Riverside Square, LLC	f this is an amendment and name has changed,	and indicate change.)	(270
Address of Executive Offices 1662 Stockton Street, Jac	(ty, State, Zip Code)	Telephone Yumber (Including Area Code)
Address of Principal Business (if different from Executive Office		ty, State, Zip Code)	Telephone Number (Including Area Code)
Type of Business Organizatio	☐ limited partnership, already forme	d ⊠ other	PROCESSED (please specify) E JUN 9 9 2016
☐ business trust	☐ limited partnership, to be formed	Limited	Liability Company
Actual or Estimated Date of I	Incorporation or Organization: Mon 01		✓ Actual ☐ Estimated FINE SOUL
Jurisdiction of Incorporation	or Organization: (Enter two-letter U.S. F CN for Canada; FN fo	ostal Service abbreviation f r other foreign jurisdiction)	
GENERAL INSTRUCTION	NS		
seq. or 15 U.S.C. 77d(6). When To File: A notice must	st be filed no later than 15 days after the	e first sale of securities in the	gulation D or Section 4(6), 17 CFR 230.501 et
U.S. Securities and Exchange	Commission (SEC) on the earlier of the	date it is received by the Si	EC at the address given below or, if received at

that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee. There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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	-	-	within the past five years:				
Each beneficial own	ner having the po	•	•	siti6n of, 10% or	more of a class of equity		
		of corporate issuers and c	of corporate general and m	anaging partners of	of partnership issuers; and		
Each general and m	anaging partner of	of partnership issuers.					
Check Box(es) that Apply:	Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Each general and managing partner of partnership issuers.						
Full Name (Last name first, Market Street RSQ, LLC	Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Il Name (Last name first, if individual) reference that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Il Name (Last name first, if individual) Beneficial Owner Executive Officer Director General and/or Managing Partner Il Name (Last name first, if individual) Beneficial Owner Executive Officer Director General and/or Managing Partner Il Name (Last name first, if individual) Beneficial Owner Executive Officer Director General and/or Managing Partner Il Name (Last name first, if individual) bin I. Mark sinces or Residence Address (Number and Street, City, State, Zip Code) E2 Stockton Street, Jacksonville, FL 32204 eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Il Name (Last name first, if individual) sinces or Residence Address (Number and Street, City, State, Zip Code) eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Il Name (Last name first, if individual) sinces or Residence Address (Number and Street, City, State, Zip Code) eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Il Name (Last name first, if individual) sinces or Residence Address (Number and Street, City, State, Zip Code) eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo						
Business or Residence Address (Number and Street, City, State, Zip Code) 1662 Stockton Street, Jacksonville, FL 32204							
Check Box(es) that Apply:	⊠ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director			
Full Name (Last name first, PVB Group, LLC	if individual)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director			
Full Name (Last name first, Rubin, I. Mark	if individual)						
			ode)				
Full Name (Last name first,	if individual)						
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director			
Full Name (Last name first,	if individual)						
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director			
Full Name (Last name first,	if individual)						
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director			
Full Name (Last name first,	if individual)						
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)				
	(Use blank	sheet, or copy and use ac	ditional copies of this shee	t, as necessary.)			

A. BASIC IDENTIFICATION DATA

		######################################	mai ima kita	В.	INFORM <i>a</i>	TION AB	OUT OF	FERING		1 -			17 Bar (1984)
1: Has the	e issuer so	ld, or does	the issuer i	ntend to se	ll, to non-ac	ccredited in	vestors in	this offering	g?		· <u>-</u> ··	Yes	No
			Ansv	ver also in A	Appendix, (Column 2,	if filing un	der ULOE.					
2. What is	the minin	num invest	ment that w	rill be acce	pted from a	ny individu	ual?				\$		50000
		\$1,00 g permit jo		ip of a sing	gle unit?	· •••••						Yes ⊠	No
commi If a pe state o	ssion or s rson to be r states, li	imilar remelisted is a state the name	uneration fo an associate	or solicitati d person o ker or deal	on of purch r agent of a er. If mor	asers in co a broker or e than five	onnection version dealer reg	or given, ovith sales of gistered with ons to be lister only.	securities in the SEC a	n the offer and / or w	ring. ith a		
Full Name (Orr, Bruce		e first, if in	dividual)	·									
Business or 4 Sawgras													
Name of As G.C. Ande										· ·			
States in W	hich Perso	n Listed H	as Solicited	or Intends	to Solicit F	urchasers							
(Check	"All States	s" or check	individual	States)							. 🔲 A	All State	es
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Full Name ((Last name	e first, if in	dividual)										
Business or	Residence	e Address ((Number an	d Street, C	ity, State, Z	ip Code)	,, <u>",</u>			<u> </u>			
Name of As	ssociated E	Broker or D	Dealer								-		
States in W	hich Perso	n Listed H	las Solicited	or Intends	to Solicit I	urchasers	··						
(Check	"All State	s" or check	ç individual	States)							. 🗆 A	All State	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ſ	ID]
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Full Name ((Last name	e first, if in	dividual)										
Business or	Residence	e Address	(Number an	d Street, C	ity, State, Z	(ip Code)							
Name of As	ssociated I	Broker or I	Dealer										
States in W	hich Perso	on Listed H	las Solicited	l or Intends	to Solicit I	Purchasers							
(Check	"All State	s" or check	c individual	States)							. 🗆 A	All Stat	es
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]		PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]		PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3 of 8

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Type of Security Sold \$ Common ☐ Preferred \$ \$ \$ limited liability company, interests 3,250,000 \$ Other (Specify 3,250,000 3,250,000 Total 3,250,000 Answer also in appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 22 3,250,000 \$ \$ Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold \$ \$ \$ 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. \$ \boxtimes 28,000 \$ \$ Sales commissions (specify finders' fees separately)............. \$ 260,000 Other Expenses (identify)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$

288,000

C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES	AND USE OF	PROCEED	S	1.7	
b. Enter the difference between the aggregate offer and total expenses furnished in response to Part gross proceeds to the issuer."	C - Question 4.a. This difference is the				\$	2,962,000
Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for a check the box to the left of the estimate. The togross proceeds to the issuer set forth in response to	ny purpose is not known, furnish an est tal of the payments listed must equal th	timate and				
gross proceeds to the issuer servicial in response to	· · · · · · · · · · · · · · · · · · ·	D	ayments to Officers, irectors, & Affiliates			yments To Others
Salaries and fees (entitlement succes	ss fee)	□ <u>\$</u>	150,000		\$	
Purchase of real estate		□ <u>\$</u>	950,000		\$	1,595,000
Purchase, rental or leasing and installation of ma	chinery and equipment	□ <u>\$</u>			\$	
Construction or leasing of plant buildings and fac	cilities	□ <u>\$</u>			\$	 _
Acquisition of other businesses (including the va offering that may be used in exchange for the ass pursuant to a merger)	sets or securities of another issuer	□ \$			\$	
Repayment of indebtedness				_		<u>.</u>
Working capital						
Other (specify): closing costs; are working capital	chitect/engineering;				\$	267,000
		— □ \$			\$	
Column Totals		□ <u>\$</u>	1,100,000		\$	1,862,000
Total Payments Listed (column totals added)			□ \$ <u>2,9</u>	962,0	00	
The state of the s	D. FEDERAL SIGNATURE	Salesta (* 17				, and defend a second
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by the issuer to an interest to the information furnished by the issuer to an interest to the information furnished by the issuer to an interest to the information furnished by the issuer to an interest to the information furnished by the issuer to an interest to the information furnished by the issuer to be signed.	issuer to furnish to the U.S. Securities ar	nd Exchange Co	ommission, u	l unde	r Ru	ale 505, the n request of
ssuer (Print or Type)	Signature	·	Date /	/ .		
Riverside Square, LLC			68/0	16		
Name of Signer (Print or Type)	Title of Signer (Print or Type)		' 			·-····································
. Mark Rubin	Manager of Market Street RSQ, LLC,	Managing Mer	mber			

--- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

/	The state of the s	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently of such rule?	subject to any of the disqualification provisions	Yes	No
	See	Appendix, Column 5, for state response.	,	
2.	The undersigned issuer hereby undertakes to furnish D (17 CFR 239.500) at such times as required by st	h to any state administrator of any state in which this notice is file ate law.	d, a notice	on Form
3.	The undersigned issuer hereby undertakes to furnish to offerees.	h to the state administrators, upon written request, information furn	nished by th	ne issuer
4.	•	is familiar with the conditions that must be satisfied to be entit in which this notice is filed and understands that the issuer claimin these conditions have been satisfied.		
	ne issuer has read this notification and knows the ordersigned duly authorized person:	contents to be true and has duly caused this notice to be signed	on its beh	alf by the
Is	suer (Print or Type)	Signature / Date		· · · · · · · · · · · · · · · · · · ·
R	iverside Square, LLC	6/5	706	
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)	ř	

Manager of Market Street RSQ, LLC, Managing Member

Instruction:

1. Mark Rubin

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3			4					5		
	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
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APPENDIX

1		2	3	4					5		
	Intend to non-a	to sell ccredited s in State	Type of security and aggregate offering price offered in State (Part C-Item1)						Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT			,								
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